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	PLEASE TYPE OR PRINT	Entered previous May Show	
		yes 🗆 no	
	Ms. Artist HNOREW T.	CHAKALIS	
	Permanent Address 11/32 LAKE #2	(Last Name Last)  B  LKWD.	
Street City			
44/09 Tel. (216) 226-68-68			
	Zip Area Code		
1	Temporary or Studio Address		
	Street	City	
	Tel. ( )		
	Zip Area Code		
	If you do not presently live in one of the counties of the		
	Western Reserve, which county were you born in?		
	Collaborator		
	(If Any)		
	If May Show entries are not accepted or not sold:		
Artist will pick up at Museum.			
	☐ Museum should dispose of.		
	☐ Museum should ship to artist C.O.D. at this address:		
	AIROLD		
Ancher Chesser			
	Special Instructions		
	When necessary include below instructions or a drawing of		
	how the object is to be assembled and displayed.		
·			
This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.			
	Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.		

It is also understood that accepted objects will remain on exhibition until May 30, 1982.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.



ACCEPTED

REJECTED



DO NOT WRITE IN

